



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |            | Docket Number (Optional) 02558P-002010US  |
|---|------------|---|
| <b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            |   |
| Application Number 09/515,014   |            | Filed February 29, 2000                   |
| For SYNTHETIC ANTIGEN FOR THE DETECTION OF ANTIBODIES<br>IMMUNOREACTIVE WITH HIV VIRUS  |            |   |
| Art Unit 1648   |            | Examiner T. Brown                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                     |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                     |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                    |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. |            |   |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |            |   |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,928</u>  |            |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |            |   |
| <u></u><br>Signature  |            | <u>19 May 2005</u><br>Date                |
| <u>Brian W. Poor, Reg. No. 32,928</u><br>Typed or printed name  |            | <u>(206) 467-9600</u><br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |   |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |   |